

**Department of Consumer and Regulatory Affairs
Business Regulation Administration
Corporations Division**



**941 North Capitol Street, N.E.
Washington, DC 20002**

STATEMENT OF DISSOLUTION

1. Name of the Limited Liability Partnership

2. Date of filing of the Statement of Qualification

3. Reason for filing the Statement of Qualification

_____ Dissolution for the Limited Liability Partnership; winding up of partnership has commenced.

_____ there are no remaining Limited Liability Partners.

4. Effective date of Dissolution if not upon filing:

I (we) acknowledge that making a false statement in this certificate
Is punishable by criminal penalties under section 404 of the District of Columbia
Theft and White Collar Crime Act of 1982.

THIS CERTIFICATE MUST BE SIGNED BY ALL PARTNERS

_____ the signatures are below are of all the partners.

Name: _____

Signature: _____

Name: _____

Signature: _____

(Attach additional signatures and names if necessary may be attached)

FILE IN DUPLICATE WITH ORIGINAL SIGNATURES ON EACH

Department Use Only: Filing Fee: \$70.00 ___ Date Filed: ___ By: ___ LP# _____